

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">097381216</div> | FILING DATE | | | | | |
|--|----------|------|------------------------|------|------------------------|------|---|-------------|------|------|------|------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
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| TOTAL IND. | 4 | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 39 | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 47 | | | | | | TOTAL CLAIMS | | | | | | |